



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits – Bay & Central Region
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(510) 622-2584, FAX (510) 622-2585

January 4, 2008

John Sebold, LCSW, Director
Plumas County Mental Health Services
270 County Hospital Road, Suite 109
Quincy, CA 95971

Dear Mr. Sebold:

AUDIT REPORT – PLUMAS COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Plumas County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

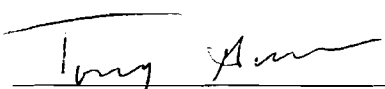
The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 608,218	\$ 606,286	\$ (1,932)
Federal Share of Healthy Families/Medi-Cal	\$ 0	\$ 0	\$ 0
State General Funds EPSDT Due State	\$ 149,221	\$ 148,650	\$ (571)

John Sebold, LCSW, Director
January 4, 2008
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If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

for 
WALTER J. HILL, JR., MBA, EA
Chief of Audits


MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

PLUMAS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch 2a)	\$ 608,218	\$ (1,932)	\$ 606,286
HEALTHY FAMILIES - FFP	(Sch 2a)	0	0	0
TOTAL FFP - COUNTY PROVIDERS		\$ 608,218	\$ (1,932)	\$ 606,286
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 0	\$ 0	\$ 0
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PROVIDERS		\$ 0	\$ 0	\$ 0
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 608,218	\$ (1,932)	\$ 606,286
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		\$ 608,218	\$ (1,932)	\$ 606,286
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch 4)	\$ 149,221	\$ (571)	\$ 148,650

**PLUMAS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		Audit		
		As Settled	Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1	Inpatient SD/MC and Crossover (MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2	Outpatient SD/MC and Crossover (MH 1968, Ln 11, 11A)	994,424	(3,275)	991,149
3	Enhanced SD/MC (Children) - I/P (MH1968, Ln 16, 16A)	0	0	0
4	Enhanced SD/MC (Children) - O/P (MH1968, Ln 16, 16A)	0	0	0
5	Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 22)	0	0	0
6	Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 22)	0	0	0
7	Healthy Families Gross Reimbursement-I/P (MH1968, Ln 27, 27A)	0	0	0
8	Healthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A)	0	0	0
9	Total	<u>\$ 994,424</u>	<u>\$ (3,275)</u>	<u>\$ 991,149</u>
<u>Less: Patient & Other Payer Revenues</u>				
10	Inpatient SD/MC and Crossover (MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11	Outpatient SD/MC and Crossover (MH 1968, Ln 28, 28A)	1,349	0	1,349
12	Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29)	0	0	0
13	Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29)	0	0	0
14	Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30)	0	0	0
15	Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30)	0	0	0
16	Healthy Families Patient Revenue-I/P (MH 1968, Ln 31)	0	0	0
17	Healthy Families Patient Revenue-O/P (MH 1968, Ln 31)	0	0	0
18	Total	<u>\$ 1,349</u>	<u>\$ 0</u>	<u>\$ 1,349</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19	Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20	Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13)	993,075	(3,275)	989,800
21	Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14)	0	0	0
22	Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15)	0	0	0
23	Healthy Families-I/P (Ln 7 - Ln 16)	0	0	0
24	Healthy Families-O/P (Ln 8 - Ln 17)	0	0	0
25	Total	<u>\$ 993,075</u>	<u>\$ (3,275)</u>	<u>\$ 989,800</u>
<u>Medi-Cal MAA Reimbursement</u>				
26	Service Functions 01-09 (MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27	Service Functions 11-19, 31-39 (MH1979, Ln 12, Col. A)	0	0	0
28	Service Functions 21-19 (MH1979, Ln 13, Col. A)	0	0	0
29	Total	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

PLUMAS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL		Audit		
		As Settled	Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30 Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31 Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32 Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33 Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34 Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35 Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36 Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Administrative Reimbursement</u>				
37 Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 155,163	\$ (491)	\$ 154,672
38 Medi-Cal Administration	(MH 1979, Ln 5)	\$ 192,695	\$ (19,702)	\$ 172,993
39 Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 155,163</u>	<u>\$ (491)</u>	<u>\$ 154,672</u>
<u>Healthy Families Administrative Reimbursement</u>				
40 Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 0	\$ 0	\$ 0
41 Healthy Families Administration	(MH1979, Ln 9)	\$ 90,680	\$ (90,680)	\$ 0
42 Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Utilization Review Reimbursement</u>				
43 Skilled Professional	(MH1979, Ln 14, Col D)	\$ 0	\$ 7,562	\$ 7,562
44 Other Medi-Cal U.R.	(MH1979, Ln 15, Col D)	<u>\$ 0</u>	<u>\$ 26,736</u>	<u>\$ 26,736</u>
<u>Net SD/MC Reimbursement - FFP</u>				
45 Direct Services	(MH1979, Ln 16,16A)	\$ 511,596	\$ (1,686)	\$ 509,910
46 Enhanced (Children)	(MH1979, Ln 17,17A)	0	0	0
47 Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48 MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49 Administrative Reimbursement	(MH1979, Ln 6)	77,582	(246)	77,336
50 U.R. Skilled Professional	(MH1979, Ln 14)	5,672	(1)	5,672
51 U.R. Other	(MH1979, Ln 15)	13,368	0	13,368
52 Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53 Subtotal- FFP		<u>\$ 608,218</u>	<u>\$ (1,932)</u>	<u>\$ 606,286</u>
54 Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55 Quality Assurance Review Results	(Adj #)	0	0	0
56 Total SD/MC Reimbursement - FFP		<u>\$ 608,218</u>	<u>\$ (1,932)</u>	<u>\$ 606,286</u>
<u>Net Healthy Families Reimbursement - FFP</u>				
57 Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 0	\$ 0	\$ 0
58 Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59 Administrative Reimbursement	(MH1979, Ln 10)	0	0	0
60 Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
61 Total - FFP (Ln 56 + Ln 60)		<u>\$ 608,218</u>	<u>\$ (1,932)</u>	<u>\$ 606,286</u>

(To Sch 1)

PLUMAS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	993,075	(3,275)	989,800
(2) Total SD/MC Claims	1,266,491	0	1,266,491
(3) Percent % (Line 1/Line 2)	0.7841	(0.0026)	0.7815
(4) EPSDT Claims	457,275	0	457,275
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	358,549	(1,175)	357,374
(6) Cost Settled Baseline for EPSDT	51,257	0	51,257
(7) Net Cost Settlement Amount (Line 5 - Line 6)	307,292	(1,175)	306,117
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	149,221	(571)	148,650
(8a) FY 2001-02 EPSDT settlement (48.64% of net cost (8))	153,491	(1,598)	151,893
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net cost settlement amount (L. 8 - 9)	149,221	(571)	148,650
(11) SGF Distribution (Settled and Audited)	149,221	0	149,221
(12) SGF Due (State)	(0)	(571)	(571)
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
PLUMAS COUNTY MENTAL HEALTH				00032	21	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust A-87 COWCAP costs to agree with formally approved plan dated September 18, 2002.	\$ 2,050,759	\$ 19,114	\$ 2,069,873
2	MH 1960	9	3	SD/MC ADMINISTRATION	\$ 192,695	\$ (192,695)	\$0 *
3	MH 1960	10	3	HEALTHY FAMILIES ADMINISTRATION	90,680	(90,680)	0 *
-	MH 1960	11	3	NON SD/MC ADMINISTRATION	0	0	0 *
	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs below.	283,375		283,375 *
4	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS To adjust administrative costs in conjunction with adjustment number 1.	** \$ 283,375	\$ 19,114	\$ 302,489
5	MH 1960	9	C	SD/MC ADMINISTRATION	** \$0	\$ 172,993	\$ 172,993
-	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** 0	-	-
6	MH 1960	11	C	NON SD/MC ADMINISTRATION	** 0	129,496	129,496
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS To allocate total administrative cost among SD/MC, Healthy Families, and Non SD/MC Administration based on the gross cost method percentages of 57.1898% for SD/MC and 42.8102% for Non SD/MC.	** 302,489		302,489
				* Balance carried forward to subsequent adjustment			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
PLUMAS COUNTY MENTAL HEALTH				00032	21	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
7	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	101,428	(20,675)	80,753 *
8	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	340,775	(60,525)	280,250 *
9	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	0	20,161	20,161 *
10	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	0	53,649	53,649 *
11	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	0	270	270 *
12	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	0	1,315	1,315 *
			Info	TOTAL UNITS	442,203	(5,805)	436,398 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated January 6, 2006. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
13	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 80,753	19,700	100,453
14	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 280,250	55,695	335,945
15	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 20,161	(20,161)	0
16	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 53,649	(53,649)	0
17	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 270	(270)	0
18	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 1,315	(1,315)	0
			Info	TOTAL UNITS	** 436,398	0	436,398
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
PLUMAS COUNTY MENTAL HEALTH				00032	21	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.		Reported	(Decrease)	Adjusted
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
19	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 608,217	\$ (1,931)	\$ 606,286
20	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	0	0	0
				TOTAL REIMBURSEMENT - COUNTY	608,217	(1,931)	606,286
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to costs and units.			
				<u>ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT</u>			
21	Sch. 4	8		TOTAL EPSDT SGF	\$ 149,221	\$ (571)	\$ 148,650
				To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider cost reports.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

**PLUMAS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE, 2003**

FINDING 1 – REPORTED UNITS OF SERVICE/TIME

Our review of the County's supporting documentation revealed that the County commingled all approved SD/MC units and reported these units in the cost report as Regular Medi-Cal units, form MH 1966A, Lines 7 and 8. However, the SD/MC units should be tracked and reported separately by program, including Medicare/Medi-Cal (Crossover units), Enhanced SD/MC (Children) units, Enhanced SD/MC (Refugees), and Healthy Families units.

For this fiscal year's audit, since the aggregate approved units reported by the County and supported by its records reconciles with the DMH Approved report, regardless of program, we will allow units to agree with the County's records. However, failure to separately identify units by program could result in audit exceptions in future fiscal years.

AUDIT AUTHORITY:

CMS, Pub. 15-1, Section 2304
FY 02-03 Cost and Financial Reporting System Instruction Manual, pages 4, 22, and 38.

RECOMMENDATION:

We recommend that the County comply with the cost report instructions and exercise due care in the preparation of the cost report. All workpapers utilized in the preparation of the cost report must be properly filed and kept to facilitate the audit.

AUDITEE'S RESPONSE:

Plumas County does not commingle SD/MC units as indicated. The MHP does not bill MC Healthy Family units nor does it bill Medicare/Medi-Cal crossover units as the MHP is not certified for Medicare. As of the FY 05/06 cost report, the MHP has broken out Enhanced SD/MC (children) and (refugee) units.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: PLUMAS COUNTY
County Code: 32

Legal Entity: PLUMAS COUNTY MENTAL HEALTH		A	B	C
Legal Entity Number: 00032		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,432,465	700,680	2,133,145
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(82,386)	(82,386)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	1,432,465	618,294	2,050,759
6	Medi-Cal Adjustments from MH 1961			19,114
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			2,069,873
	Administrative Costs (County Only)			
9	SD/MC Administration			172,993
10	Healthy Families Administration			
11	Non-SD/MC Administration			129,496
12	Total Administrative Costs			302,489
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			7,562
14	Other SD/MC Utilization Review			26,736
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			34,298
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			1,733,086
19	Total Costs - Lines 9 through 18			2,069,873

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: PLUMAS COUNTY
County Code: 32

Legal Entity: PLUMAS COUNTY MENTAL HEALTH		A	B	C
Legal Entity Number: 00032		Salaries and Benefits	Other	Total Adjustments
1	Per Audit:			
2				
3	A-87 Adjustment		19,114	19,114
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		19,114	19,114

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: PLUMAS COUNTY
County Code: 32

Legal Entity: PLUMAS COUNTY MENTAL HEALTH		A
Legal Entity Number: 00032		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,733,086
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	164,738
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,291,595
6	Outreach Services (Mode 45)	81,311
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	195,442
9	Total - Lines 2 through 8	1,733,086

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: PLUMAS COUNTY		CR		CR			
County Code: 32							
Legal Entity: PLUMAS COUNTY MENTAL HEALTH		A	B	C	D	E	G
Legal Entity Number: 00032			Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function
			95	43			
1	Allocation Percentage	100.00%	73.36%	26.64%			
2	Total Units		1,354	2,098			
3	Gross Cost	164,738	120,845	43,893			
4	Cost per Unit		89.25	20.92			
5	SMA per Unit		115.14				
6	Published Charge per Unit		115.14	26.99			
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/02 - 09/30/02	359				
8A		10/01/02 - 06/30/03	930				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					
9A		10/01/02 - 06/30/03					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02					
10A		10/01/02 - 06/30/03					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03					
11	Healthy Families (SED) Units	07/01/02 - 09/30/02					
11A		10/01/02 - 06/30/03					
12	Non-Medi-Cal Units		65	2,098			
13	Medi-Cal Costs	07/01/02 - 09/30/02	32,041	32,041			
13A		10/01/02 - 06/30/03	83,003	83,003			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	41,335	41,335			
14A		10/01/02 - 06/30/03	107,080	107,080			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	41,335	41,335			
15A		10/01/02 - 06/30/03	107,080	107,080			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02					
16A		10/01/02 - 06/30/03					
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02					
17A		10/01/02 - 06/30/03					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02					
18A		10/01/02 - 06/30/03					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02					
19A		10/01/02 - 06/30/03					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02					
20A		10/01/02 - 06/30/03					
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02					
21A		10/01/02 - 06/30/03					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02					
22A		10/01/02 - 06/30/03					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02					
23A		10/01/02 - 06/30/03					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02					
24A		10/01/02 - 06/30/03					
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03					
29	Healthy Families Costs	07/01/02 - 09/30/02					
29A		10/01/02 - 06/30/03					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02					
30A		10/01/02 - 06/30/03					
31	Healthy Families Published Charges	07/01/02 - 09/30/02					
31A		10/01/02 - 06/30/03					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02					
32A		10/01/02 - 06/30/03					
33	Non-Medi-Cal Costs		49,694	5,801	43,893		

DEPARTMENT OF MENTAL HEALTH

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Legal Entity: PLUMAS COUNTY MENTAL HEALTH			A	B	C	D	E	F	G
Legal Entity Number: 00032			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	10	30	40	43	48
1	Allocation Percentage		100.00%	1.24%	0.19%	5.07%	35.17%	21.06%	10.18%
2	Total Units			11,653	1,359	36,940	256,393	153,492	74,191
3	Gross Cost		1,288,320	15,988	2,402	65,285	453,132	271,272	131,120
4	Cost per Unit			1.37	1.77	1.77	1.77	1.77	1.77
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit			1.77	2.28	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		3,015	198	3,435	37,483	23,593	12,188
8A		10/01/02 - 06/30/03		7,090	476	13,155	111,275	104,549	40,050
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			1,548	685	20,350	107,635	25,350	21,953
13	Medi-Cal Costs	07/01/02 - 09/30/02	201,737	4,137	350	6,071	66,245	41,697	21,540
13A		10/01/02 - 06/30/03	674,368	9,728	841	23,249	196,660	184,773	70,782
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	260,256	5,337	451	7,832	85,461	53,792	27,789
14A		10/01/02 - 06/30/03	869,988	12,549	1,085	29,993	253,707	238,372	91,314
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	260,256	5,337	451	7,832	85,461	53,792	27,789
15A		10/01/02 - 06/30/03	869,988	12,549	1,085	29,993	253,707	238,372	91,314
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		412,214	2,124	1,211	35,965	190,227	44,802	38,798

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: PLUMAS COUNTY		CR	CR	CR			
County Code: 32							
Legal Entity: PLUMAS COUNTY MENTAL HEALTH		H	I	J	K	L	M
Legal Entity Number: 00032		Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function
		50	60	70			
1	Allocation Percentage	0.46%	23.62%	3.02%			
2	Total Units	3,346	92,817	14,706			
3	Gross Cost	5,914	304,335	38,872			
4	Cost per Unit	1.77	3.28	2.64			
5	SMA per Unit	2.28	4.23	3.41			
6	Published Charge per Unit	2.28	4.23	3.41			
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	2,224	16,204	1,754			
8A		220	53,663	4,537			
9	Medicare/Medi-Cal Crossover Units						
9A							
10	Enhanced SD/MC (Children) Units						
10A							
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units						
11A							
12	Non-Medi-Cal Units	902	22,950	8,415			
13	Medi-Cal Costs	3,931	53,131	4,636			
13A		389	175,954	11,993			
14	Medi-Cal SMA Upper Limits	5,071	68,543	5,981			
14A		502	226,994	15,471			
15	Medi-Cal Published Charges	5,071	68,543	5,981			
15A		502	226,994	15,471			
16	Medi-Cal Negotiated Rates						
16A							
17	Medicare/Medi-Cal Crossover Costs						
17A							
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A							
19	Medicare/Medi-Cal Crossover Published Charges						
19A							
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A							
21	Enhanced SD/MC Costs						
21A							
22	Enhanced SD/MC SMA Upper Limits						
22A							
23	Enhanced SD/MC Published Charges						
23A							
24	Enhanced SD/MC Negotiated Rates						
24A							
25	Enhanced SD/MC (Refugees) Costs						
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
27	Enhanced SD/MC (Refugees) Published Charges						
28	Enhanced SD/MC (Refugees) Negotiated Rates						
29	Healthy Families Costs						
29A							
30	Healthy Families SMA Upper Limits						
30A							
31	Healthy Families Published Charges						
31A							
32	Healthy Families Negotiated Rates						
32A							
33	Non-Medi-Cal Costs	1,594	75,250	22,243			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: PLUMAS COUNTY

County Code: 32

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Legal Entity: PLUMAS COUNTY MENTAL HEALTH			A	B	C	D	E	F	G
Legal Entity Number: 00032			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				40					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			5,805					
3	Gross Cost		3,275	3,275					
4	Cost per Unit			0.56					
5	SMA per Unit			2.28					
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02							
8A		10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			5,805					
13	Medi-Cal Costs	07/01/02 - 09/30/02							
13A		10/01/02 - 06/30/03							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		3,275	3,275					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DEPARTMENT OF MENTAL HEALTH
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Fiscal Year 2002-2003

County: PLUMAS COUNTY		CR						
County Code: 32								
Legal Entity: PLUMAS COUNTY MENTAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00032		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		59,264					
3	Gross Cost	81,311	81,311					
4	Cost per Unit		1.37					
5	Non-Medi-Cal Units		59,264					
6	Non-Medi-Cal Costs	81,311	81,311					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1
Fiscal Year 2002-2003

County: PLUMAS COUNTY		CR		CR			
County Code: 32							
Legal Entity: PLUMAS COUNTY MENTAL HEALTH		A	B	C	D	E	G
Legal Entity Number: 00032			Service	Service	Service	Service	Service
Mode: 60 - Support		Mode Total	Function	Function	Function	Function	Function
			40	20			
1	Allocation Percentage	100.00%	99.96%	0.04%			
2	Total Units		4,374	60			
3	Gross Cost	195,442	195,360	82			
4	Cost per Unit		44.66	1.37			
5	Non-Medi-Cal Units (Same as Line 2)		4,374	60			
6	Non-Medi-Cal Costs (Same as Line 3)	195,442	195,360	82			

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County PLUMAS COUNTY County Code 32			REIMBURSEMENT TYPE				PC	Costs			Costs		
Legal Entity PLUMAS COUNTY MENTAL HEALTH			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number 00032			Mode 55 S.F.'s 01-09 S.F.'s 11-19 S.F.'s 21-29				Total Inpatient Mode 05- Hospital	Mode 05-Alt Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col I + Col J)
1	Medi-Cal Costs	07/01/02 - 09/30/02							32,041	201,737	233,778		233,778
1A		10/01/02 - 06/30/03							83,003	674,368	757,371		757,371
2	Medi-Cal SMA	07/01/02 - 09/30/02							41,335	260,256	301,592		301,592
2A		10/01/02 - 06/30/03							107,080	869,988	977,068		977,068
3	Medi-Cal P C	07/01/02 - 09/30/02							41,335	260,256	301,592		301,592
3A		10/01/02 - 06/30/03							107,080	869,988	977,068		977,068
4	Medi-Cal N R	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							32,041	201,737	233,778		233,778
5A		10/01/02 - 06/30/03							83,003	674,368	757,371		757,371
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P C	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N R	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim	07/01/02 - 09/30/02							32,041	201,737	233,778		233,778
11A		10/01/02 - 06/30/03							83,003	674,368	757,371		757,371
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A		10/01/02 - 06/30/03											
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02											
13A		10/01/02 - 06/30/03											
14	Enhanced SD/MC (Children) P C	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03											
15	Enhanced SD/MC (Children) N R	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P C	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N R	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/02 - 09/30/02							32,041	201,737	233,778		233,778
21A		10/01/02 - 06/30/03							83,003	674,368	757,371		757,371
22	Enhanced SD/MC (Refugees) Gross Reim	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Healthy Families P C	07/01/02 - 09/30/02											
25A		10/01/02 - 06/30/03											
26	Healthy Families N R	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim	07/01/02 - 09/30/02											
27A		10/01/02 - 06/30/03											
	Less - Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02								480	480		480
28A		10/01/02 - 06/30/03								869	869		869
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02							32,041	201,257	233,298		233,298
35A		10/01/02 - 06/30/03							83,003	673,499	756,502		756,502
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
37A		10/01/02 - 06/30/03											
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: PLUMAS COUNTY
County Code: 32
Legal Entity: PLUMAS COUNTY MENTAL HEALTH

Legal Entity Number: 00032		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	32,041	83,003	16,469	42,833		
4	15 - Outpatient (Program 1)	201,257	673,499	103,446	347,162		
5	15 - Outpatient (Program 2)						
6	Totals	233,298	756,502	119,915	389,995		
7	Totals from MH1979	233,298	756,502	119,915	389,995		
8	Effective SD/MC FFP %					51.40%	51.55%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: PLUMAS COUNTY County Code 32						FFP % Source MH1978 E8	FFP % Source MH1978 F8			
Legal Entity: PLUMAS COUNTY MENTAL HEALTH						F	G	H	I	J
Legal Entity Number: 00032						51 40% FFP	51 55% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)									
1	County SD/MC Direct Service Gross Reimbursement					991,149				
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement					39,996				
3	Total Medi-Cal Direct Service Gross Reimbursement					1,031,145				
4	Medi-Cal Administrative Reimbursement Limit					154,672				
5	Medi-Cal Administration					172,993				
6	Medi-Cal Administrative Reimbursement					154,672	77,336			77,336
	Healthy Families Administrative Reimbursement (County Only)									
7	County Healthy Families Direct Service Gross Reimbursement									
8	Healthy Families Administrative Reimbursement Limit									
9	Healthy Families Administration									
10	Healthy Families Administrative Reimbursement									
	SD/MC Net Reimbursement for MAA									
11	Medi-Cal Admin. Activities Svc Functions 01 - 09									
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39									
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)									
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)					7,562			5,672	5,672
15	Other SD/MC Utilization Review (County Only)					26,736	13,368			13,368
16	SD/MC Net Reimbursement for Direct Services					233,298		119,915		119,915
16A						756,502		389,995		389,995
17	Enhanced SD/MC Net Reimb. (Children)									
17A										
18	Enhanced SD/MC Net Reimb. (Refugees)									
19	Total SD/MC Reimbursement Before Excess FFP									606,286
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC									
21	Total SD/MC Reimbursement (FFP)									606,286
22	Contract Limitation Adjustment									
23	Adjusted Total SD/MC Reimbursement (FFP)									606,286
24	Healthy Families Net Reimbursement									
24A										
25	Total Healthy Families Reimbursement Before Excess FFP									
26	Amount Negotiated Rates Exceed Costs - Healthy Families									
27	Total Healthy Families Reimbursement									